

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/700455

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5		4				
6		4				
7		4				
8		4				
9		4				
10		4				
11		4				
12		4				
13		4				
14		4				
15		4				
16		4				
17		①				
18	1					
19	1					
20	1					
21		3				
22		3				
23		3				
24		3				
25		3				
26		3				
27		3				
28		3				
29		①				
30		4				
31		4				
32		4				
33		3				
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49						
50						
TOTAL IND.	7					
TOTAL DEP.	12					
TOTAL CLAIMS	99					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						